

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Adapt Pharma Inc
Eric Karas, VP and General Manager
401 Plymouth Road, Suite 400
Plymouth Meeting, PA 19462

Adapt Pharma Inc.
Attn: Atul Saran, General Counsel,
EVP Corporate Development
100 Matsonford Road
Randor, PA 19087

Adapt Pharma Inc.
401 Plymouth Road, Ste. 400
Plymouth Meeting, PA 19462

Daniel Woubishet
Associate General Counsel, Legal Affairs
100 Matsonford Road
Randor, PA 19087

Emergent BioSolutions
400 Professional Drive, Suite 400
Gaithersburg, MD 20879

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Emergent Devices Inc.
Attn: Eric Karas
400 Professional Drive, Suite 400
Gaithersburg, MD 20879

The Corporation Trust Company,
R/A for Emergent Devices Inc.
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Corporation Trust Company,
R/A for Emergent Devices Inc.
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801



9590 9402 3367 7227 2943 43

2. Article Number (Transfer from service label)

7017 2400 0000 3936 7265

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)**C. Date of Delivery**

- D. Is delivery address different from item 1?** ☐ Yes
If YES, enter delivery address below: ☐ No

FEB 08 2022

CT CORPORATION

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt